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Substitute for form 1449/PTO

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

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### Complete if Known

Application Number	10/510,643 – Conf. #1869
Filing Date	May 23, 2005
First Named Inventor	Catherine Castan
Art Unit	1615
Examiner Name	HELM, CARALYNNE E.

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code <sup>2</sup> (if known)			
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		Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)				
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				Application Number	10/510,643 – Conf. #1869
				Filing Date	May 23, 2005
				First Named Inventor	Catherine Castan
				Art Unit	1615
				Examiner Name	HELM, CARALYNNE E.
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